

OASIS Forums Frequently Asked Questions

Spring 2007

**State of Indiana
Family Social Services Administration
Division of Disability and Rehabilitative Services**

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Introduction

The State of Indiana Division of Disability and Rehabilitative Services (DDRS), Bureau of Developmental Disabilities Services (BDDS) is exploring changes in the way people and families receive services. Specifically, the BDDS is developing an objective assessment process and a way to allocate resources that better match what each person needs. This initiative is called 'OASIS' which stands for the '*Objective Assessment System for Individual Supports*'. The goal of OASIS is to create a uniform funding approach to determine fair and equitable levels of state support. This level of support will be based on an objective assessment and driven by the principles of Person Centered Planning (PCP) and measurable Individualized Support Plan (ISP) outcomes. To accomplish this, the 'objective assessment' tool being used is the Inventory for Client and Agency Planning (ICAP), which will be conducted by Arbitre Consulting, Inc. ("Arbitre Consulting"). The 'system for individual supports' is a resource determination tool and an interactive budget tool, which will be developed by Davis Deshaies, LLC. ("Davis Deshaies")

There were fourteen public forums held to distribute information and address questions and concerns regarding DDRS/BDDS policy, the ICAP tool and process, and the development of the OASIS program. The forums were held between the dates of April 4, 2007 through April 19, 2007 in cities across the state of Indiana including the cities of:

- Evansville
- Indianapolis (2)
- New Albany
- Fort Wayne
- Merrillville
- South Bend

The forums were conducted by representatives from BBDS, Arbitre Consulting, Davis Deshaies and facilitated by Brilljent. Afternoon sessions were held for providers, and evening sessions were held for consumers and their families. This document includes frequently asked questions representative of what was asked across the state of Indiana during the forums. The answers have been provided by the appropriate entities: DDRS, Arbitre Consulting, and Davis Deshaies.

Please note the additional sources of information below if you have questions or concerns that you would like addressed:

OASIS-ICAP Help Lines: (317) 234-5222 or 1-888-527-0008

Email: OASIS-ICAPhlep@fssa.in.gov

Website: <http://davisdeshaies.com/page10.html>

Division of Disability and Rehabilitative Services: Policy Questions

1. When this is all done will my child have the services that he needs and not have a support services waiver?
 - Services may eventually be combined under one waiver program. This issue is under consideration.
2. Will the overall effect be a reduction of costs and services for consumer and staff?
 - There will be no money removed from the waiver budgets. The intention is to redistribute existing funds and services in a fair and equitable manner.
3. With the new system, will individuals be able to select both service and the amount of service or will there continue to be caps on some services like the \$2,000.00 cap on respite care?
 - There will continue to be caps on some of the services, but there will be much more flexibility in choosing the types of services and the amount of services up to the cap point.

4. “Meaningful day” - It’s not an option for most of us not to work. Why are we communicating to people that as long as they have a meaningful day that’s ok? People will try to achieve what is expected of them.
 - The goal of a meaningful day is to find supported employment for all consumers who want and are able to work.
5. How will an overnight electronic monitoring system (Rest Assured) impact OASIS and rate setting? Can the consumer purchase more staff time or is the rate reduced?
 - This issue is currently under consideration and is being researched by BDDS. A response will be provided as soon as it is available.
6. Will this eliminate the SS, DD and Autism Waivers and create a single waiver system?
 - This will not immediately affect the separation of waivers. There may eventually be a single waiver program. This issue is under consideration.
7. My son is on the SS waiver. Can I use the money from his budget on things other than the things out in the community, such as OT?
 - This issue is currently under consideration and is being researched by BDDS. A response will be provided as soon as it is available.
8. Instead of parents constantly training staff, supervising them, filling in for them when they don’t show up, what about paying parents full-time to care and work with their own child?
 - Some providers will allow parents or relatives to be on the provider payroll as direct care staff. Contact the helpline or email provided in the introduction of this document for further information.
9. Will we still have to document to a large degree why a family wants waiver services and not home health?
 - This issue is currently under consideration and is being researched by BDDS. A response will be provided as soon as it is available.

10. Does the state have anything in the works for clients on the waiver waiting list? (for example - respite or workshops)

- Clients on the waiver waiting list will have access to emergency assistance services through the improved crisis management and outreach services being initiated this summer through DDRS.

11. Has Davis Deshaies been given a charge to cut financing for the waiver program?

- No. There will be no money removed from the current waiver program. The intention is to redistribute existing funds and services in a fair and equitable manner.

12. Is the OASIS going to replace ICLB's?

- This issue is currently under consideration and is being researched by BDDS. A response will be provided as soon as it is available.

13. Will the money be in buckets for each service? Can we change the money spent for different services anytime? Who is going to manage these budgets? Won't this drastically change case management?

- The interactive budgeting tool created in OASIS will allow for more choice in selecting services with certain minimum requirements identified by the OASIS model. People and families can distribute resources between services as long as the total amount does not exceed the OASIS level. The interactive budgeting tool will assist families in considering different options in assigning their resources.

14. Are parents that choose to care for their children at home going to be financially punished?

- No, each consumer's living situation will be taken into consideration and evaluated on an individual basis.

15. How can we believe that special needs are going to be addressed in the next 2-3 years if we have only experienced cuts in services in the last 3-4 years?
- This issue is currently under consideration and is being researched by BDDS. A response will be provided as soon as it is available.
16. Will the ICAP be extended to include residents of group homes? Is that likely, and what is the timeline?
- ICAP assessments will be completed for all waiver recipients during the 2007 and 2008 calendar year. It is possible that ICAP assessments will be expanded to include more consumers, but there is no timeline as of yet.
17. Will my daughter's waiver be able to follow her outside of the state if she moves?
- No, waiver services are directly-linked to each state's individual funds. If you know that you will be moving in the future, you should apply for the respective state's disability waiver.
18. Can my granddaughter receive waiver money to use toward a private-school education?
- No, waiver funds are not allowed to be used on a private education (per the federal government).
19. Will services coordinate across systems? Can waiver services work with school systems as a team for the child?
- There are wrap-around services that can be used before and after school. These are designed and implemented on an individual basis and involve planning with your Case Manager and the schools.
20. How does the ICAP compare with the current DDP tool? Will it replace the current tool?
- The two tools will be used concurrently.

21. Current NOAs end date June 30, 2007. Will daily rates/monthly rates continue for DAGS, RHSS, BMAW or will that change July 1, 2007?
- No changes in the rates will occur until January, 2008, when BDDS District 4 pilots OASIS.
22. What is the start up date for psychological clinics in the south of the state?
- This issue is currently under consideration and is being researched by BDDS. A response will be provided as soon as it is available.
23. Will there be money available to support individuals on waiting lists that want to work in sheltered workshops?
- This issue is currently under consideration and is being researched by BDDS. A response will be provided as soon as it is available.
24. Will people be targeted to come off of the waiver waiting list, or only persons on waiting list and receiving state line dollars, or people coming out of nursing homes?
- The goal of the OASIS implementation will not be to change the total dollars already budgeted for waiver services or the number of people served by waivers. It is to make the allocation of those funds more equitable for the people already served. Additional funds are being reinvested from the savings gained by other initiatives. The groups targeted to come off the waiver waiting list first are ages 18-25 years old and consumers with parents ages 80 years and older.
25. What can families, professionals and advocates do to contest fiscal cuts from the government and to help increase funding and eradicate freezes?
- This issue is currently under consideration and is being researched by BDDS. A response will be provided as soon as it is available.
26. How does the DD eligibility factor fit within the new system (OASIS)?
- This issue is currently under consideration and is being researched by BDDS. A response will be provided as soon as it is available.
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27. The current budget system is not responsive to a consumer's changing needs. Will budgets be more flexible in the future?

- Budgets will become increasingly more flexible with the implementation of OASIS. There will be an interactive budgeting tool used for people to have more choice in selecting their services and amount of dollars for those services within the OASIS guidelines.

28. Is the ICAP going to be strictly for waiver recipients or will it also be used for state line?

- For 2007 and 2008, ICAP assessments will be completed on waiver recipients. Use of the ICAP for other consumers is under consideration.

29. What can you say to the consumers who fear they will end up with fewer services than they currently have?

- This is a possibility for consumers who enjoy funds and services far beyond others with similar service needs. The intention is not to decrease funding, but to redistribute funds in a fair and equitable manner.

30. Who will manage the new OASIS budgets (the family, provider, case manager)?

- All parties involved will collaborate on budgets.

31. Is there going to be an established percentage that budgets will increase each year?

- This will depend upon the decisions made by legislature for the state budget, and by Congress for the Medicaid budget.

32. After the ICAP assessment determines a guideline for funding, will we lose services if we are above the guidelines - even services we have had for many years, due to the ICAP score?

- The ICAP will be used as a “point in time” functional assessment to assist in determining funding needs. ICAP will only have a 3% to 15% impact on funding. The ICAP is not being used to cut consumers’ services.

Arbitre Consulting: ICAP Questions

33. The ICAP tool does not have many questions related to medical issues. How are we bringing these medical needs into the way rates are to be calculated?

- The ICAP will only be used as a “point in time” functional assessment to assist in determining funding needs. ICAP will only have a 3% to 15% impact on the total funding model. Some medical documentation may be gathered at the assessment if it is missing.

34. Who is hiring the staff and what qualifications to screen the number of support staff that will be needed to implement this (i.e. the ICAP)?

- Arbitre Consulting is responsible for conducting the ICAP throughout the state. They have a specific, regimented training program for their clinicians who administer and review the assessments. They have conducted over 20,000 assessments since 2000. Arbitre Consulting is hiring and training staff who live in Indiana to complete the assessments.

35. Is an ICAP respondent notified by mail or phone? Is the case manager notified if the respondent doesn’t reply?

- IPMG case managers will contact the providers and family/consumer to confirm appropriate respondents and ask for recommendations. Arbitre Consulting will follow-up with the individual respondents to setup and conduct the ICAP.

36. If the ICAP determines level of service, what happens if the respondent does not respond honestly due to embarrassment?

- There are a minimum of three respondents required for a valid ICAP assessment. The purpose of multiple and individual interviews is to establish an accurate overall view of the consumer. If one of the respondents cannot answer a particular question properly, one or both of the other respondents should be able to fill in any gaps. The Quality Control Specialist for Arbitre Consulting reviews all completed ICAP's and will note any answers that don't align and return the ICAP assessment to the Arbitre Assessor for clarification.

37. What happens if the ICAP respondents are new to the consumer and do not know them well?

- A person that is new to the consumer would not be used as a valid respondent. If a consumer does not have enough respondents, their ICAP will be postponed until their new staff/guardians become better acquainted with the consumer's capabilities (This would likely be one year from first scheduled ICAP assessment.)

38. Should the three respondent interviews be done separately? What if they were done together?

- Each interview is done individually to ensure confidentiality and identify each respondent's own experiences with the consumer.

39. I realize you are trying to get an assessment done in a timely manner, but how are you going to get a thorough assessment in 20-30 minutes that determines the level of care?

- The ICAP will only be used as a "point in time" functional assessment to assist in determining funding needs. The ICAP will not currently be used as a level of care tool, but may be altered for future use as such. Arbitre Consulting has completed over 20,000 assessments. The 20-30 minutes for the specific interview is an average based on previous experience. The ICAP assessment takes approximately 30 minutes because it is a developmental assessment, each section goes from infant to adult therefore if the

person is functioning at a higher level, the first several questions of each section go very quickly. Once they get several zeros in a row, the clinician moves on to the next section due to the questions getting progressively more difficult.

40. When it is time to interview for ICAP, we don't have in-home support staff, only school services; who will we find to complete the interviews?

- School teachers can be used as respondents with the cooperation of the school district. Family members who spend time with the consumer and know their functional abilities are also potential respondents.

41. How do the assessors rate the skills that the client can do in one setting, but refuse in another setting or cannot do in another setting?

- Multiple respondents are interviewed from all areas of the consumer's life. (The goal is to have three.) These include work, school, day programs and home.

42. If you already have the data why are you re-asking? What about the reliability of medical information?

- Medical information will be gathered from the consumer's records, but medical questions will be asked for the safety of the consumer.

43. Why does the ICAP ask for IQ? Some of the tests are 12 to 15 years old.

- This information is merely used as background for the consumer. The IQ is not part of the ICAP nor will it affect the scoring of the ICAP.

44. How does the ICAP take into consideration the historical facts of a client's life (for example - fluctuating health needs, seasonal changes in behavior)?

- The ICAP is only intended to assess a particular point in time. Additional factors that need to be considered in determining an individual's needs will be incorporated in the OASIS tool.

45. How does the ICAP ensure that all data collected is reliable and valid? Some clients appear like they know it all. Also parents and family members overrate the consumer's abilities.

- There are a minimum of three respondents required for a valid ICAP assessment. The purpose of multiple and individual interviews is to establish an accurate overall view of the consumer. If one of the respondents cannot answer a particular question properly, one or both of the other respondents should be able to fill in any gaps. The Quality Control Specialist from Arbitre Consulting reviews all completed ICAP's and will note any answers that don't align, and return the ICAP assessment to the Arbitre Assessor for clarification.

46. Are school teachers recommended as ICAP respondents? Do schools cooperate with this?

- Teachers usually make very good ICAP respondents. Permission from the school district is required for a teacher to participate in an ICAP assessment.

47. Will the ICAP report make sense to me if I request it?

- The actual ICAP scoring report will make very little or no sense to someone who is not trained. However, the report is available from the state upon request.

48. Can there be more than one respondent from a provider to accommodate the need for three respondents?

- Yes, if the potential respondent has the desired knowledge of the consumer. A respondent is someone who spends time with the consumer 3-5 times per week and has worked with the consumer for at least one year.

49. What would trigger a new ICAP reassessment?

- A life-altering event or significant change in health would trigger a new ICAP reassessment.

Davis Deshaies: OASIS Questions

50. How will you establish reasonable data on housing and room and board costs when it is arbitrarily defined by the state?
- Housing and room and board will be evaluated on a geographical basis, taking into account the actual cost of housing and support by region.
51. How are costs being standardized? Based on what criteria? Staff salary, housing, etc?
- Cost studies and best practice studies will be completed by Davis Deshaies across the state of Indiana, first concentrating on District Four. Davis Deshaies' actuaries will study cost indicators in the health industry and competing industries in order to calculate fair and equitable costs of services, staff salaries and funding distributions.
52. Please summarize the relationship between OASIS and ICAP.
- The ICAP will be used as a "point in time" functional assessment to assist in determining funding needs. ICAP will only have a 3% to 15% impact on funding. Davis Deshaies will also identify additional "cost drivers" which may include such things as consumer age, predictable life events, living situation and geography, and transportation access. The ICAP fits within the OASIS program, which is the name for the entire method of determining fair and equitable funding, services and pricing.
53. We've previously been told that rates will be determined on a variety of factors/tools or assessments in addition to the ICAP. Have these other pieces been identified yet? If so, what are they and what percentage will they hold in the actual rate determination?
- Primary cost drivers include: age, family living situation, work situation, life events, geography and transportation. Secondary cost factors include functional abilities, behavior and health supports. Other factors being considered in the state of Indiana include: natural supports, employment, forensic and behavioral health issues. These will likely play a role in the determination of costs in

Indiana, but will be evaluated using data and what is learned during the pilot. There is not yet an exact percentage breakdown of the pieces that will be used in the rate determination. This is also determined by the data analysis and what is learned during the pilot in BDDS District 4.

54. If rate building is partly based on DS (i.e. direct service) salaries, should we increase salaries now expecting the consumer will receive a higher rate?

- No, salaries should not be adjusted until after wage studies have been completed.

55. What happens if administrative costs vary greatly from pilot region? Region 4 is rural and has smaller providers. What happens to large providers?

- Administrative expense is a percentage of the overall budget of a provider regardless of the size of the provider.

56. Will the rates of reimbursement reflect the actual cost or an average? What about the higher costs in different parts of the state?

- These are all policy issues under consideration.

57. What about self directed care? What about giving the client funding to hire staff for themselves? "Monopoly" money- why can't this really happen?

- Part of the intention of OASIS is to place more control back in the hands of the consumer.

58. DD people can only grow so much- many cannot continue to have measurable outcomes. What about maintenance care? That may be what the client wants.

- DDDS does not expect all clients to have increasing, measurable results. It is understood that some clients desire maintenance care. Self-directed care will put more decisions in the control of the consumer and family.

59. I like my child with severe disabilities to be involved and an active participant in the community. Are my son's services going to be compared to children with similar disabilities whose parents don't care if they just sit all day doing nothing?

- All consumers will be evaluated on an individual basis, and their person centered plan will be developed based on their needs.

60. What is an outlier consumer?

- An outlier consumer is someone whose needs and costs are so extreme that the "best practices" level of service will not accurately predict their costs.

61. I understand that Arbitre Consulting will interview all the families of clients. Will Davis Deshaies also interview all of the families of clients?

- Davis Deshaies will be analyzing the material sent to them from the state of Indiana and will not be directly interviewing all consumers. Consumers, families and providers will be invited to participate in additional discussions as part of the pilot in BDDS District 4. Additionally, consumers and families who participate as part of the "best practice" group will be interviewed during the pilot.

62. Will the "best practice" group established in BDDS District 4 results be applied to the rest of the state?

- Each district will be evaluated individually, but the lessons learned in the pilot district will aid the efforts throughout the state. Characteristics from the BDDS District 4 "best practice" group will be compared to other district's experiences, and where needed, additional people will be added to the sample.

63. Are there safeguards to monitor provider prices?

- There are two safeguards. First, providers can only invoice for actual services provided. Secondly, providers will be reimbursed at a standard rate for those services.

64. What are the commonalities you have found from state to state that drove rate-setting methodology? How did OASIS influence the future of given budgets?

- In other states, the primary cost drivers included: age, family living situation, work situation, life events, geography and transportation. Secondary cost factors included functional abilities, behavior and health supports. Each state implemented recommendations from similar projects based upon their particular budgetary constraints and legislative actions. For Indiana, it will depend upon legislators to decide what level the OASIS recommendations will be funded. Also, other states have chosen to “raise” services to a “best practice” level for people who are underserved, rather than “compress” or reduce services to an average level.

65. How and who selects the “best practice” group that will be shadowed in BDDS District 4?

- Providers, families and case managers will all have input into who they believe are the “best practices” candidates. There will be criteria used to determine who will be included in this group that is currently being developed. The definition of “best practices” is included in the Forum PowerPoint Presentation which is posted on the website at www.davisdeshaies.com.

66. How is OASIS different than the Annual Plan where historical amounts are used and evenly spread out each month?

- OASIS will provide an annual “usual and typical” resource amount for each person as a guideline for planning. How this amount is used to purchase specific services is then determined in the person centered planning process. A cost plan that shows the annual and monthly amounts for each service type is also developed as part of the planning process. OASIS will also provide an interactive budgeting tool that can be used in the planning process to consider different mixes of service types and amounts to consider what would best meet the individual’s needs.

67. How do we know what services we are eligible to receive?

- The eligible services are those included in the waiver that supports the individual. The interactive budgeting tool within OASIS will show what services are available to the individual based on the waiver type.

68. Will the OASIS formula take into account multiple disabled family members on the waiver?

- Each waiver recipient will be evaluated on an individual basis by OASIS.